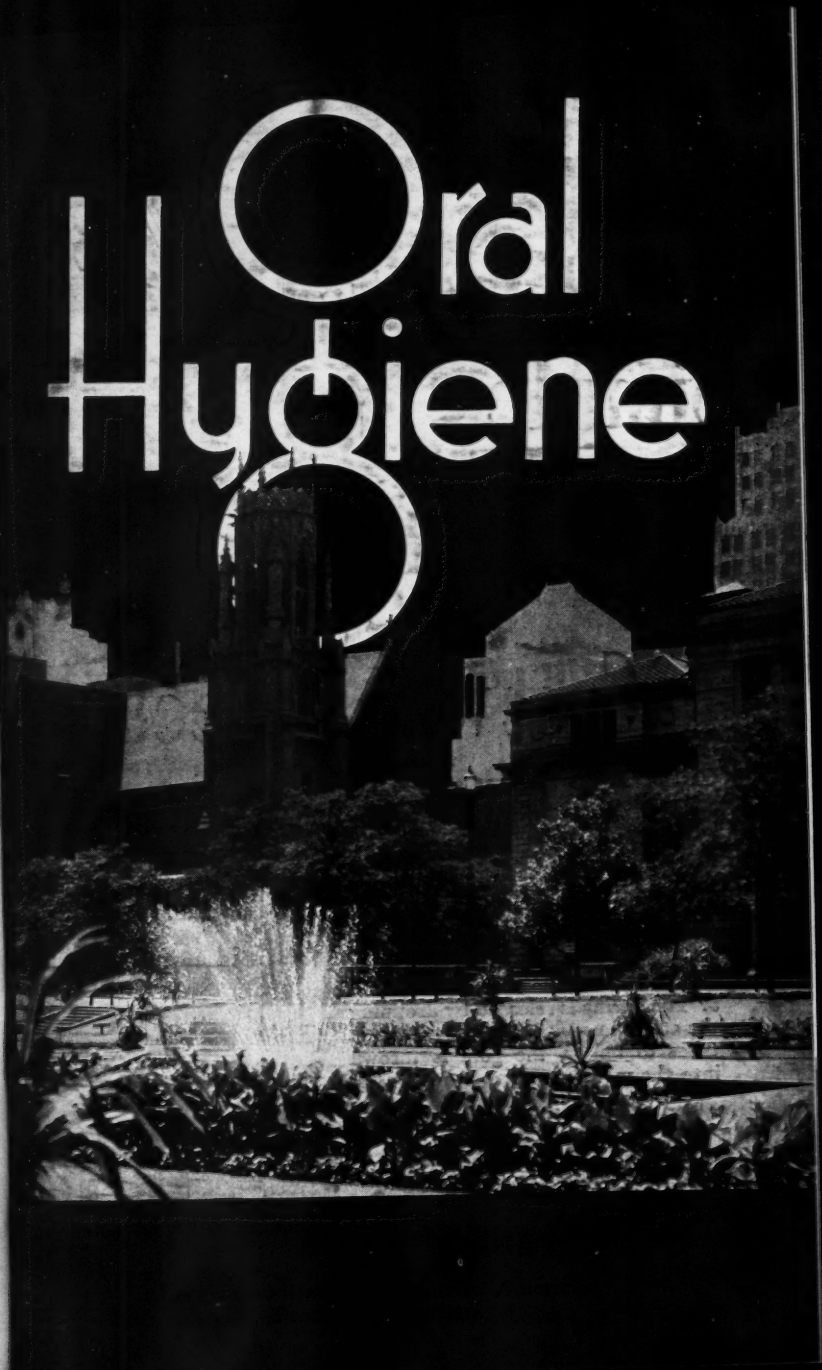
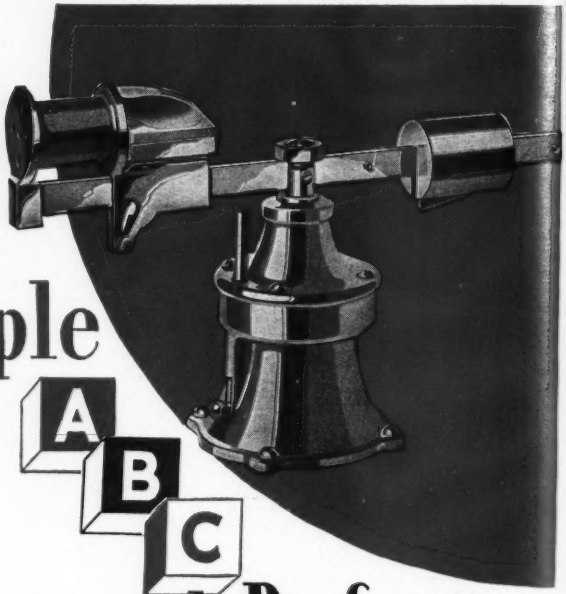
Oral Hygiene



It's as Simple as A B C



To Cast with Perfection

Casting is the simplest step in the production of an inlay or other cast restoration when the Perfection Centrifugal Casting Machine is used.

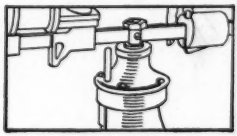
1. The spring in the base is wound by turning the arm to produce the desired amount of centrifugal force.

2. The gold is melted in the crucible.

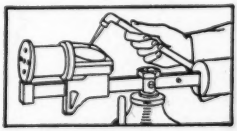
3. The spring is released by dropping the stop pin and, in less time than it takes to tell it, the gold is thrown into the mold.

Perfection Casting Machine $25.00

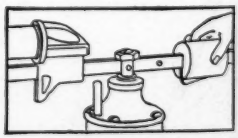
The
Cleveland Dental
Manufacturing Company
CLEVELAND, OHIO, U.S.A.



Wind the Spring



Melt the Gold



Let Go!

VOL. 28, NO. 9

Oral Hygiene

SEPTEMBER
1938

Millions For Health 1131

Modernized Offices of George B. Winter, D.D.S. 1142

"Now He Belongs to the Ages"—C. N. Johnson, D.D.S. 1146

Dentistry Gave Boxing the Mouthguard 1148
Walter H. Jacobs, D.D.S.

A Diploma in Her Hand and Twenty-One Cavities in Her Teeth 1154

Dentists in the News 1157

Editorial Comment 1160

Dear Oral Hygiene 1162

Ask Oral Hygiene 1164

EDITORIAL OFFICE: 708 Church Street, Evanston, Ill.; PUBLICATION OFFICE: 1005 Liberty Avenue, Pittsburgh, Pa.; Merwin B. Massol, Publisher; W. E. Craig, D.D.S., Associate; R. C. Ketterer, Publication Manager. NEW YORK: 18 East 48th Street; Stuart M. Stanley, Eastern Manager. CHICAGO: 870 Peoples Gas Building; John J. Downes, Western Manager. ST. LOUIS: Syndicate Trust Building; A. D. McKinney, Southern Manager. SAN FRANCISCO: 155 Montgomery Street, LOS ANGELES: 318 West 9th Street; Don Harway, Pacific Coast Manager.

VIT

The ONLY Cob

and used for f

Prosthetic dentistry, in its world-wide use of Vitallium as a superior metal for restorative work, occasioned the recent experiments with Vitallium for the internal fixation of fractures.

Eminent surgeons have demonstrated in hundreds of types of fractures in human patients that appliances made of Vitallium combine the requisite strength and toughness with freedom from tissue damage. Vitallium is the only metal known to bone surgery that is inert, neutral, silent in the body contributing to normal bone growth.

This use of Vitallium in the very blood stream with no

THERE IS A **VITALLIUM DISTRIB**

A PRODUCT OF AUSTENAL LABORATORIES, INC.

TALLIUM

Cobalt-Chromium alloy developed

for full and partial dentures.

apparent damage to appliance, bone or tissue demonstrates indisputably the superior tissue compatibility of Vitallium in the oral cavity.

Vitallium is the only metal in dentistry that is used successfully in bone surgery.

RECENT MEDICAL REFERENCES

Venable, Stuck and Beach, Trans. Southern Surgical Assoc., Vol. 49, 1937.

Venable and Stuck, Journal of Indiana Medical Assoc., Vol. 31, July, 1938.

Hopkins and Zuck, Medical Bulletin of the Veterans' Administration, Vol. 15, July, 1938.

SRIBUTOR NEAR YOU

RIES. CHICAGO - NEW YORK

VITALLIUM

Forhan's Advertising to the Public Stresses

NEED FOR REGULAR DENTAL CARE . . . An
IMPORTANCE OF PATIENT COOPERATIO

What Dentist Can Do

At the first sign of tender, bleeding gums, see *your dentist at once!* He can find out the cause of the trouble and give you expert care. And probably he will advise you to massage your gums at home twice every day.

What You Must Do

Cooperate with your dentist by starting daily gum massage now. Help him prevent gum infection. Help him keep your gums firm and healthy, your teeth bright and shining. To do this, massage gums with Forhan's.

How Forhan's Aids Gums

Toothpaste is *different*. It not effectively, but

Every month Forhan's is rea ing 34,132,743 readers throu advertisements like the one produced here . . . Telling y *patients* that dental service important; that home coope tion is equally vital.

Forhan's advertising emp sizes the necessity for mass ing gums as well as clean teeth.

Forhan's cleans teeth sa —helps to keep them brilli Massage with Forhan's sti lates the gums and helps keep them firm and healthy

For professional samp write to Dept. 9, Forhan D sion, Zonite Products Corp tion, Chrysler Building, N York City.

MILLIONS FOR HEALTH

A NATIONAL HEALTH program costing $850,000,000 a year was recommended to the people of the United States by a committee appointed by President Roosevelt. This proposal was made in Washington in July at the National Health Conference to which prominent physicians, dentists, economists, social workers, and representatives of social, farm and labor groups had been invited.

Five specific recommendations were made by this committee:

1. To enlarge the public health services as now partly provided for in the Social Security Act[1] and to increase the amounts now expended for maternal and child health[2] under the Social Security Act.

2. To engage in a ten year program of hospital expansion by the provision of 360,000 beds and the construction of 500 health and diagnostic centers; the needs of hospitals in rural communities to receive particular attention.

3. To increase the amount of medical care for the medically needy whose number is believed to total 40,000,000 persons in the United States.

4. To encourage by federal grants-in-aid the development of more general medical programs in the states for self-supporting persons. These plans are either to be carried out under a system of health insurance or a public medical service program.

5. To initiate federal action toward the development of programs of disability compensation[3].

Half the costs of this extensive medical program for the nation are

[1] Editorial. Health is Next. ORAL HYGIENE 28:344 (March) 1938.
[2] Social Security Begins With the Child. ORAL HYGIENE 28:607 (May) 1938.
[3] Swanish, P. T.: Unemployment Compensation Summons Health Insurance, ORAL HYGIENE 28:455 (April) 1938.

to be borne by the federal government. The rest of the funds are to be raised by states or local communities.

In the report at the Washington Conference no direct provision for dental care was discussed nor were any special funds marked for this purpose. In three parts of the program there probably will be included some dental care: in the child health undertaking, in the aid to the medically needy, and in the system of proposed health insurance. For the 13,000,000 under fifteen years of age in families which are being wholly or partly aided by the federal government, *essential* medical care was suggested which would cost an estimated amount of $10.00 a year for each child. For the 40,000,000 persons who are either indigent or semi-indigent and need help from outside agencies for their medical needs, *minimum* medical care is suggested, which includes emergency dentistry of the type that has been usually provided by relief agencies. These minimum medical needs are to cost $10.00 a person. Under the system of health insurance[4] *adequate* medical care is suggested which the actuaries of the technical committee of the National Health Conference estimate would cost $25.00 per person, including an allocation of $7.50 for each person for dental care.

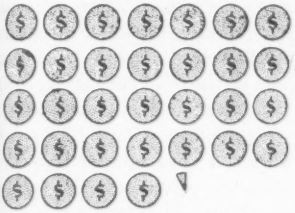
Although the cost of this program is large as compared to present governmental expenses for medical services, the committee pointed out that, by comparison with the economic loss resulting from illness and premature death or with the money now spent for medical care by all agencies, the amount was not staggering. By using the study made under the National Health Survey, the committee expressed the need in this fashion:

"The cost of illness and premature death in this country amounts annually to about ten billion dollars including in this total the combined costs of health service and medical care, loss of wages through unemployment resulting from disability, and the loss of potential future earnings through death. On an average day of the year there are 4,000,000 persons or more disabled by illness. Every year 70,000,000 sick persons lose over one billion days from work or their customary activities. Such fragmentary but specific estimates are indicative of the economic loss resulting from sickness and premature death, but they give no adequate indication of the incalculable social consequences of ill health."

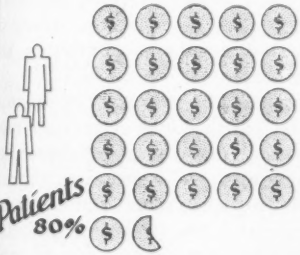
At the present time the American people spend three and one quarter billion dollars a year for medical care of which two and one-half billions is spent by patients themselves, one-half billion by governments, and the remainder is about equally divided between philanthropy and industry. Representatives of the technical committee emphasized frequently in the report before the National Health Confer-

[4]European Health Insurance. Its Organization and Administration in England, Germany, and France. ORAL HYGIENE 27:321 (March) 1937.

Amount spent for HEALTH SERVICES *each year:*



$3,210,000,000



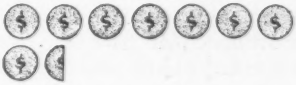
Patients 80%

Governments 16%

Philanthropy 2%–

Industry 2%+

The cost of the PROPOSED PLAN *would be:*



$850,000,000

For general health services to entire population and for medical services to limited groups

For hospitals and health centers

-NOTE-

Each $ represents $100,000,000

ence that "the new tax funds for public medical service would not represent a new kind of expenditure by the population. Most of these sums are already being spent from private funds. The essential change would be to ask wider distribution of medical costs by changing the method of payment." It will be seen, therefore, that this proposed $850,000,000 program is not entirely a new governmental expenditure.

In the National Health Conference, representatives of the American Medical Association repeatedly expressed their skepticism over such a "far reaching, economy shaking, tremendous national program." The national association was particularly fearful of the centralized controlling plan. This fear was expressed in these words by Doctor Irvin Abell of Louisville, Kentucky, the president of the Association:

"Those people who think that they can devise a centrally located medical service plan which can be fitted to the varied conditions of the states, counties and cities of the country are discussing theories which no practical health administrator could possibly approve." Doctor Abell insisted that medical needs vary widely in different localities and that, therefore, separate studies should be made of each community.

Representatives of the technical committee emphasized that the program was evolutionary in nature, geared to meet the needs of local communities, and conceived with the idea of improving the quality of medical care for all the people:

"A program to provide a rational basis for the financing of medical costs cannot start in a vacuum; it must take account of existing customs, facilities, and practices. Wide variations in existing personnel, institutions, and economic conditions require that a national program must be flexible and must be adaptable to diverse social and economic conditions in different areas of the country. The program must aim at the eradication of socially undesirable differences, but it must recognize that this can be effected only over a period of years. Such considerations lead the committee to the conclusion that effective operating programs should preferably be designed and administered on a state-wide basis. On this basis, the rôle of the Federal Government should be principally to give financial and technical aid to the States in their development of sound programs."

Doctor Hugh Cabot of the Mayo Clinic, in his appearance before the Conference, suggested that the practice of medicine was still medieval in this country and that the time for surveys was over and that the war against disease on a national scale should begin. Doctor Cabot is one of 840 physicians comprising the Committee of Physicians who represent a point of view quite different from that of the American Medical Association with respect to changes in the distributive system for medical care.[5]

---

[5]Medicine Speaks; Dentistry is Silent, ORAL HYGIENE 27:1033 (August) 1937.

This extensive health program was presented to President Roosevelt last February, and it was at his suggestion that it was submitted to the National Health Conference for discussion before any legislative action might be undertaken. The Conference was for discussion only and no formal adoption of a plan was asked for by the President or his advisers. With the exception of the representatives of the American Medical Association, most of the conferees seemed united in opinion regarding the need for such a program. Most of the discussions were concerned with methods of improving medical care for the third of the population which the National Health Survey showed to have unsatisfied medical needs. As Doctor Cabot expressed it, this was the first meeting in the history of the American government at which both the producer and the consumer of medical care met together under the auspices of the government to discuss their common problems. Doctor Cabot said that this conference showed the "evidence of a movement of tremendous power which compells us to recollect the fact that the center of gravity of the thinking of this country has shifted and has shifted permanently."

Meeting around the council table were the representatives of labor, of farm groups, of women's clubs, of consumer groups, the National Congress of Parent-Teachers, the American Legion, publications, public administrators, and the medical and allied professions. Four representatives of the dental profession were at the Conference.

The tenor of the meeting may best be presented in brief by quoting the point of view expressed in the remarks of some of the discussers:

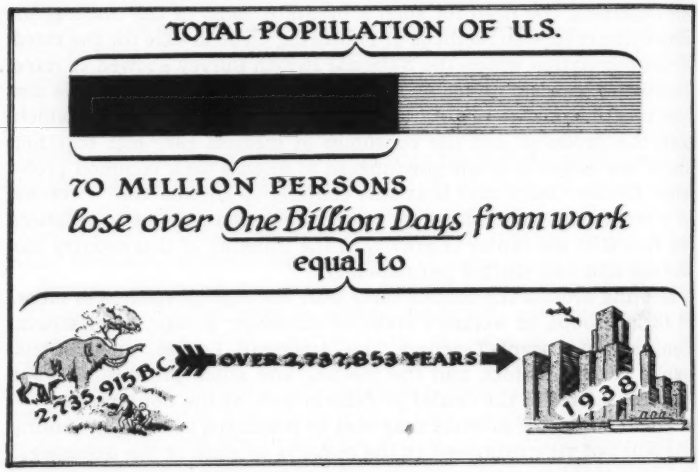
Franklin D. Roosevelt, President of the United States:

"Nothing is more important to a nation than the health of its people . . . but when we see what we know how to do yet have not done, it is clear that there is need for a coordinated national program of action . . . We cannot do all at once everything that we should do. But we can advance more surely if we have before us a comprehensive, long-range program, providing for the most efficient cooperation of Federal, state, and local governments, voluntary agencies, professional groups, mediums of public information, and individual citizens. I hope that at the National Health Conference a chart for continuing concerted action will begin to take form."

Miss Josephine Roche, Chairman, Interdepartmental Committee to Coordinate Health and Welfare Activities, and Chairman of the National Health Conference:

"We have established the principle that certain insecurities which individuals alone are powerless to withstand must be met through public action, that human conservation is an obligation of government . . . We cannot attack successfully with small change a ten billion dollar problem. To carry forward a long-time program of health services and medical care commensurate with need will cost the government millions, but save the nation billions. It must

The Economic LOSS of Sickness Each Year



be a program which not only safeguards but advances the quality of medical care."

Thomas Parran, Surgeon General of the U. S. Public Health Service:

"It is my firm belief that this conference marks the ridge of the hill between the old indifference to health as a matter of national concern and . . . national action . . . public health may be the next great social issue in this country . . . our ability to prevent disease exceeds greatly our ability to control other causes of poverty. Economics is still in the Hippocratic stage . . . Medicine and public health, therefore, should lead economics rather than follow it."

Hugh Cabot, M.D., Mayo Clinic, Rochester, Minnesota:

"We have heard for so long that we begin to wish they would stop talking about it that this country has more physicians per capita than any other country in the world. That statement meets in head-on collision the very obvious facts which have been stated here. The fact of the matter is, here are a lot of people wanting doctors. Anybody who, as I have, has been in contact with the young physician all his life knows that they spend years of their lives in those leisure hours known to the profession as office hours. In other words, they are warming chairs. Here are a lot of people standing back to

back. Wouldn't it be decent, respectable, even social to turn those people around so that they were face to face? . . . There is a very real problem of getting physicians in contact with the patient. And as we are at present organized I see no prospect of doing so. It is not a new problem; it is a problem which has faced the practice of medicine as at present organized much longer than my day."

Irvin Abell, M.D., President, American Medical Association:

"There can be little disagreement on certain fundamental objectives in regard to medical care. The medical profession agrees with all other agencies on the importance of the following objectives: the provision of good medical care for all the people; the development of comprehensive preventive and public health services; the development of appropriate measures to combat specific health problems; and a continuous, orderly improvement of the distribution of medical services and hospital facilities, both by geographic and economic divisions.

"The medical profession would be the last to deny the existence of medical needs in the United States. Its whole mission has been to fulfill those needs, and it has always sought to meet every need as it arises, by the development of appropriate medical services. The profession, however, can not be blind to the fact that there are other unfulfilled needs, especially such as relate to food, clothing and housing, which are often as essential to the preservation of health as is medical care. It is impossible to isolate medical care from these other needs either with regard to the preservation of health or in the formulation of a health program; neither can medical care be looked upon as a substitute for such other essentials."

William Green, President of the American Federation of Labor, suggested amending the present Workmen's Compensation Laws "to provide compensation for loss of time and hospital and medical services for workers and families during sickness."

"Compensation for accidents and occupational disease," Mr. Green said, "has been the responsibility of industry, but the extension which I propose involves different elements. Workers have a responsibility for their own medical bills for general health, and especially for medical services for themselves and their families. Therefore it is my opinion that workers should also contribute to such health funds.

"Undoubtedly, additional funds would be required to provide adequate services, which should be supplied by Federal grants-in-aid. Such grants would strengthen State compensation laws, make for uniformity of provisions and better administration."

Dorothy Kahn, Director of the Philadelphia County Relief Board, pointed out that mere statistics regarding the denials of the health needs of the American people did not record the human problems expressed, that lives of people were concerned, not merely figures on a chart or graph. Miss Kahn emphasized that the determination of need should be made by social workers and the supplying of that need and the determination of the standards of care by the medical profession.

Mrs. H. W. Ahart, President, Associated Women of the American Farm Bureau Federation:

"Obviously, as lay people, we are not trying to tell the nation's doctors what they should or should not do. But we do insist that the medical fraternity has a grave and serious responsibility to the public and we ask for greater cooperation between the medical profession and the lay public in solving the problems of medical care. Today, the demand for health insurance and for adequate medical care for our entire population, both urban and rural, is a force that must be recognized, despite any objections expressed by individuals within the medical profession. . . . Finally, it is necessary to emphasize that the ideal of group medicine or health insurance is built on cooperation between those who give aid and those who receive it. This ideal, then, properly carried out, is mutually beneficial to both groups. It is a practical ideal which appeals to common sense and common resources."

Mrs. J. K. Pettingill, President, National Congress of Parents and Teachers:

"The research days should be over with respect to this problem. A program should be formulated here and now while the consumer is interested in the subject and is wide awake."

Walter N. Polakov, Ph.D., Director of the Engineering Department, United Mine Workers of America, representing John L. Lewis at the National Health Conference, described the system used in mines where a check off of $1.50 per miner is made from the pay-roll to provide for a kind of medical care supplied by company doctors. In this service that cost $18 to $30 a year, there were no provisions made for the treatment of venereal diseases or dental care. Polakov strongly urged the Health Conference to descend from the abstract heights of statistics to the homely reality of facts and to organize research into actual problems of organized, preventive medicine and medical hygiene among three million miners and their families.

C. W. Camalier, D.D.S., President, American Dental Association, pointed out that in the report of the Technical Committee there was only slight mention made of the most prevalent of all diseases "dental caries." He urged a long time preventive program for children.

Louis I. Dublin, Ph.D., Statistician and Vice President, Metropolitan Life Insurance Company: Mr. Dublin vigorously stated the position that there is no greater investment that a nation can make than for the preservation of health. He urged the members of the Conference not to fear to speak in terms of billions of dollars.

Robert E. Neff, President, American Hospital Association:

Inasmuch as private philanthropy is no longer forthcoming in the same degree as it was in the past, it is necessary to get help from public sponsored agencies for hospitals of the nation. There is no such thing as free hospital care. Someone must always pay, the person, the government, industry, or philanthropy.

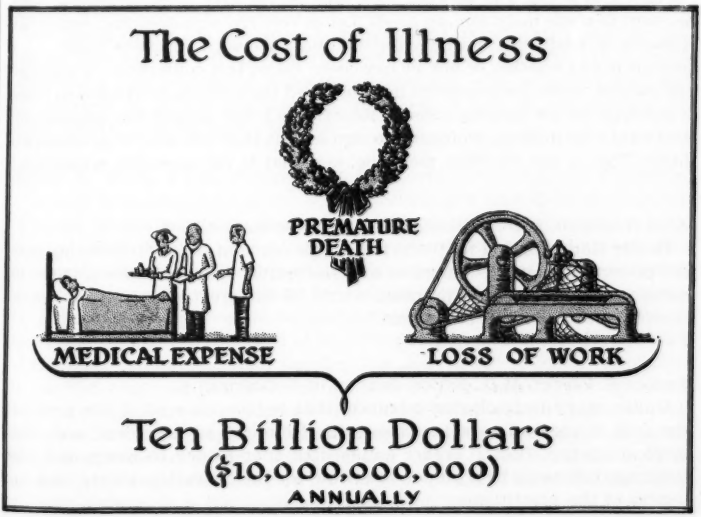
Lee Pressman, General Counsel, Committee for Industrial Organization:

"Now with regard to another problem, the question as to whether the administration of health service, health insurance, and benefits for disability, should be administered through private agencies or a public administration, again it is our feeling that, at the present time the private agencies that have control of our health administration in this country, simply cannot administer the kind of a program that we contemplate. It is true, as indicated here before by some of our previous speakers that the doctors of this country have sacrificed their lives, have given considerable effort to perform a public service, and when I criticize the private medical associations in this country I do not criticize the individual doctors. I direct my attack specifically at the upper hierarchy of these medical associations that simply refuse to give adequate health to the people of this country.

"Of course the individual doctors have sacrificed themselves, and desire to sacrifice themselves even further, but I have very little patience with the more wealthy doctors and the medical associations who have an extensive practice and who are not giving heed either to the poor people who need the health service or to the thousands of doctors that have no patients and are extremely anxious to give such service."

Charles W. Taussig, President, American Molasses Company:

"We know a great deal more about preventing sickness than we do about prevention of unemployment. Yet we courageously explore the economic field, of which we know little, and neglect the field that we have at least partially mastered. If I may for a moment speak to you as the head of an industrial



corporation, I should like to emphasize that the expenditure of $850,000,000 for public health does not frighten business. Business bears a far greater financial burden now, due to our neglect of an adequate health control, than its share of the tax burden will be under the proposed plan. The annual toll of preventable illness measured in terms of money runs into billions. Progressive business will regard an adequate health service as a subsidy to industry, not as a burden.

"The American concept of democracy has never carried with it the implication of a changeless political and economic order, yet it has become the habit of a certain group to brand every suggested effort to improve the condition of the underprivileged and to make less cumbersome our governmental processes as being destructive to democracy. Totalitarians recognize such mass problems as we are considering here. They deal with them on a mass basis. But the genius of democracy lies in its ability to reduce the problem of the masses to its component parts of individual human needs and desires, and to solve the problem on that front. . . . Democracy is a sword as well as a shield . . . its purpose is not only to defend old liberties, but to make new social and economic conquests as well. This conference presents a magnificent challenge to the democratic process."

Morris Fishbein, Editor, Journal of the American Medical Association:

"The problem of your medical care is not the most immediate and pressing problem for the American people, and any attempt to place that problem in the forefront as an issue before the American people on which they are to solve their future is not a fair perspective of the main issues before the American people today. The fundamental needs of mankind are food, fuel, clothing, shelter, and a job, and medical care and dental care must always be subservient to those main human needs. Let us concern ourselves first with that question of food, fuel, clothing, shelter, and a job with adequate wages . . . I leave it to you whether or not we have been called to a conference or whether the patient whom you represent has not asked the medical profession to write a prescription for Radway's Ready Relief, which the patient has written and and wants the medical profession to sign so that they can get the prescription filled. That is not scientific medicine, and that is not scientific economics."

Alice Hamilton, M.D., Consultant, U. S. Department of Labor:

Doctor Hamilton said that "the federal government is not an invading hostile power but that it is ourselves and susceptible to our influence, that the gains under the program proposed would be far greater for all the people than the possible losses of the few."

Borden S. Veeder, M.D., Editor, Journal of Pediatrics:

Unlike many technological advances that reduce the cost of the product, the cost of medical care increases with technical advancement and with medical science. Doctor Veeder emphasized that money in equipment and buildings will never be a proper substitute for the character, ability, and integrity of the practitioner.

George W. Bowles, M.D., President-Elect, National Medical Association:

Speaking for 4000 Negro physicians and 12,000,000 Negroes in the United States, Doctor Bowles emphasized that the socio-economic system in which the Negro lives makes his health problem a major one, that economics, poor housing, and unsanitary living conditions must be corrected before the Negro's health standards can be greatly raised.

C. Rufus Rorem, Ph.D., Director, Committee on Hospital Service, American Hospital Association:

On July 1, 1938, there were more than 2,000,000 people in voluntary group hospital plans; in the three years the voluntary hospital plans have been in operation 150,000 bills have been paid in 800 hospitals in the United States. Although this plan is intended for the payment of hospital bills there is gradual interest being developed in large metropolitan areas to pay physicians' bills under the group insurance principle.

Robert Osgood, M.D., Professor Emeritus, Harvard University School of Medicine:

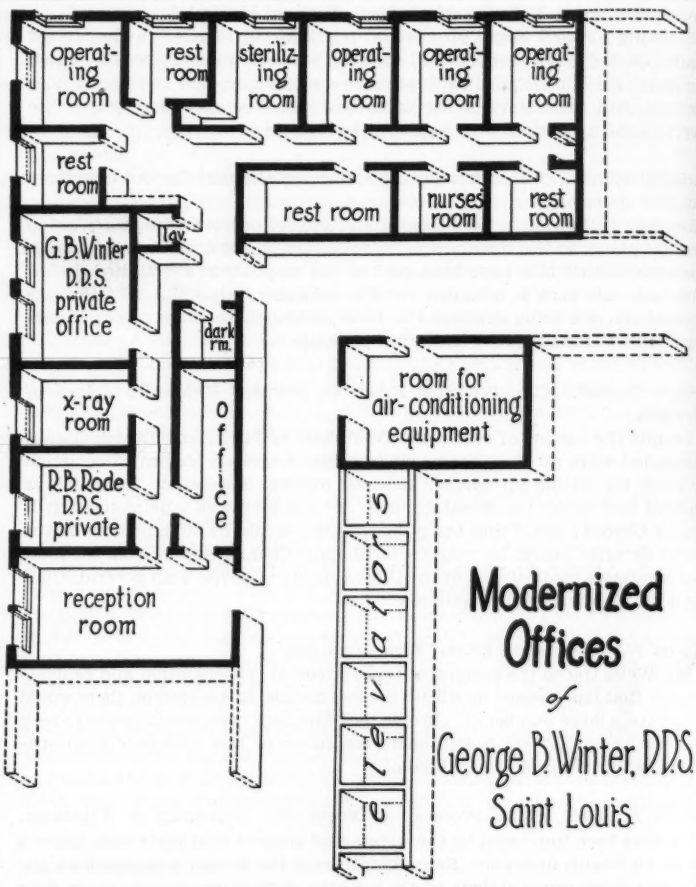
Despite the rumors of revolt, the Committee of Physicians, Doctor Osgood contended, have no plans for revolt from the American Medical Association or plans for setting up another national medical association. Inasmuch as medical care under the Social Security Act has been well administered, it is Doctor Osgood's belief that the proposed plan should be administered by the Social Security Board. He suggested a Medical Council chosen from the most representative medical men of the United States to advise with governmental agencies in determining standards.

Myron Weiss, Assistant Editor, Time Magazine:

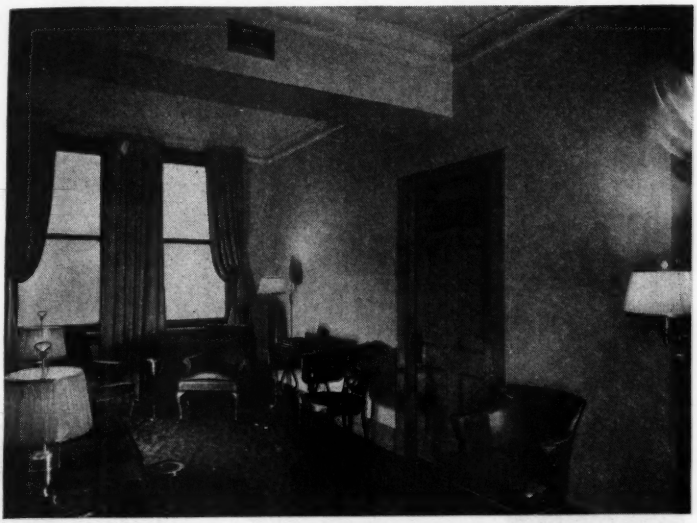
Mr. Weiss traced the movement toward federal concentration and centralization that has speeded up within the last decade. In his opinion there would always be a large number of "chronic individualists" who would prefer to seek the services of private practitioners regardless of how extensive a government health program might become.

Edwin E. Witte, Ph.D., Professor of Economics, University of Wisconsin:

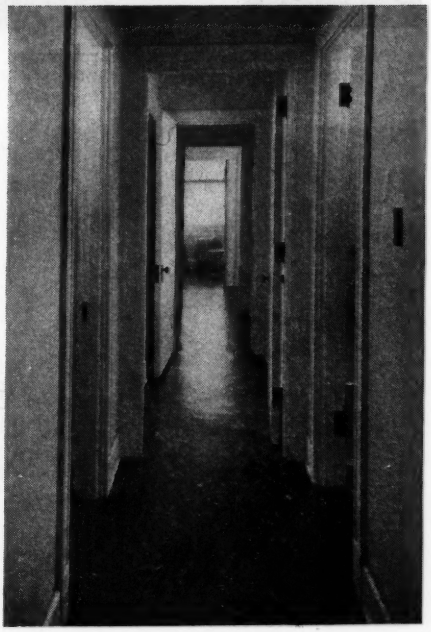
"I have been impressed by the widespread support that there now appears to be for health insurance. Representatives of the farmer organizations, the greatest farm organizations of the country, both labor groups, many civic organizations, many medical groups and many medical men, have addressed us and have given support at least in principle to the idea that the time is ripe for a more adequate program for general medical care. . . . Health insurance seems well adapted as a method of providing better medical care for the mass of the wage earners and their families, but does not seem readily applicable to the self-employed people in our population. So I regard it as very sound that the Committee has recommended that Federal aid shall be available not only for compulsory health insurance but for the extension of public medical services to provide better general medical care than many large groups in our population are now receiving. . . . I think it is quite clear that we must have state as well as Federal legislation."



IN KEEPING with his policy of constantly seeking and adapting for his own use new ideas and new methods which may increase his efficiency, Doctor George B. Winter of Saint Louis has recently had his dental offices in the Frisco Building remodelled. Like other progressive dentists, Doctor Winter realizes the important part that a modern, attractive, air-conditioned office plays in practice building, and how much it simplifies the giving of aseptic dental service. The accompanying interior views of Doctor Winter's modern offices show the satisfactory results of careful planning and attention to detail, and should be of interest to his dental colleagues.

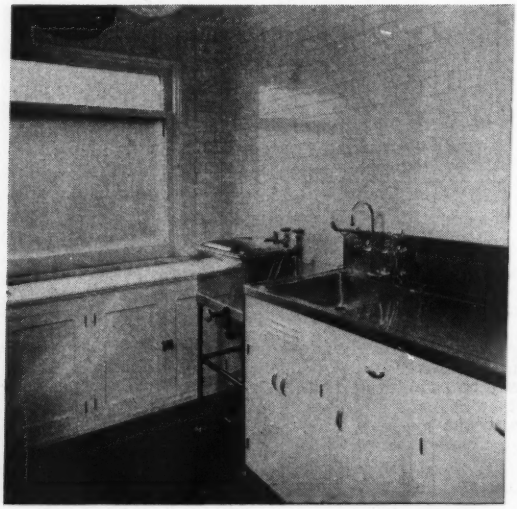


RECEPTION ROOM in Doctor Winter's office is admirably dignified and restrained.

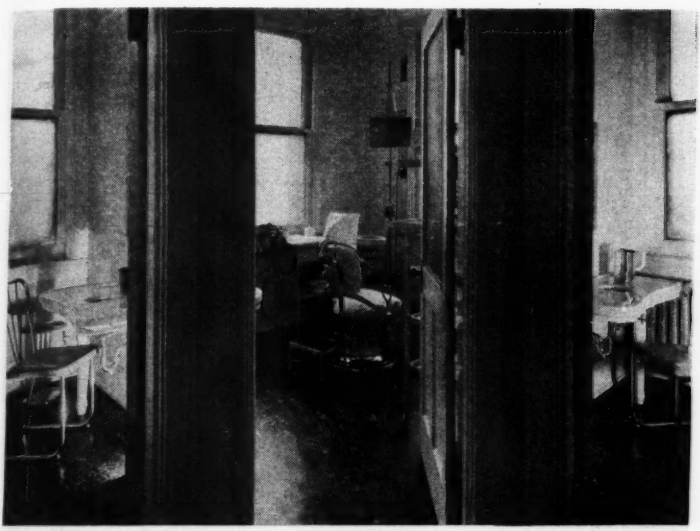


HALLWAY leading to the private offices and operating rooms is effective in its simplicity.

PRIVATE OFFICE and consultation room used by Doctor Winter has an attractive, personalized atmosphere.

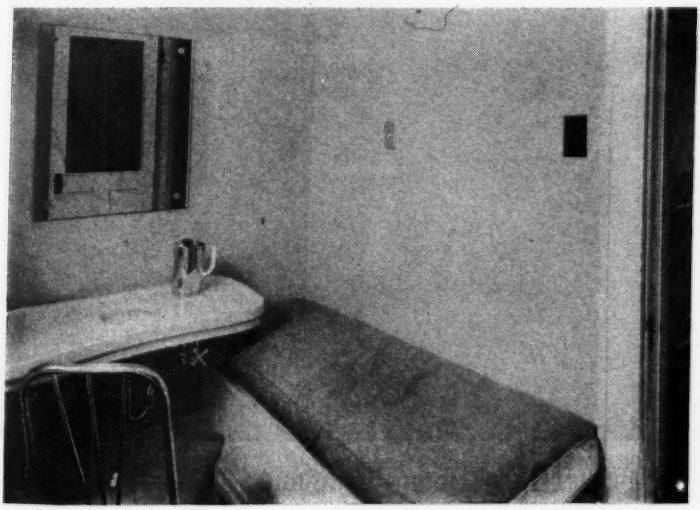


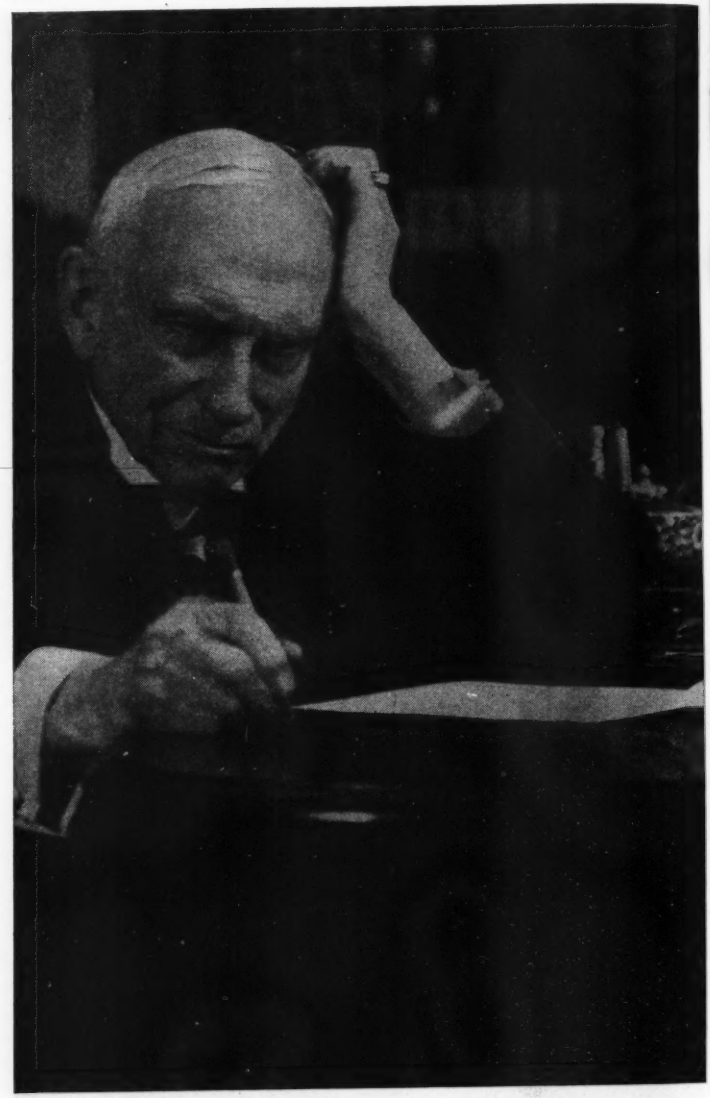
STERILIZING ROOM, a picture of efficiency and cleanliness at all times, reflects the character of the office.



OPERATING ROOM in the corner as viewed from the hall, showing a rest room on each side.

REST ROOM affords the patient a maximum of comfort, privacy, and quiet.





Charles Nelson Johnson, 1860—1938

"NOW HE BELONGS TO THE AGES"

He died as he would have wished: close to his family and friends, not long removed from his office and his desk, after a successful speaking tour among his colleagues.

Death came swiftly and without pain on July seventeenth to close the career of one of the dental pioneers. Now he belongs to the immortals and the ages.

Seventy-eight good years he lived, enriching the world and his profession.

His honors were many, his skill was exceptional, his understanding was profound—and of these the greatest was understanding.

Copies of the picture of Doctor C. N. Johnson published on the opposite page, printed on plain, heavy paper and suitable for framing, are available to his thousands of friends in the profession. No cost or obligation is involved. This photograph is being offered with the knowledge and approval of Doctor Johnson's family, who consider it as a tribute of respect. Please address your requests to Edward J. Ryan, Editor, 708 Church Street, Evanston, Illinois.

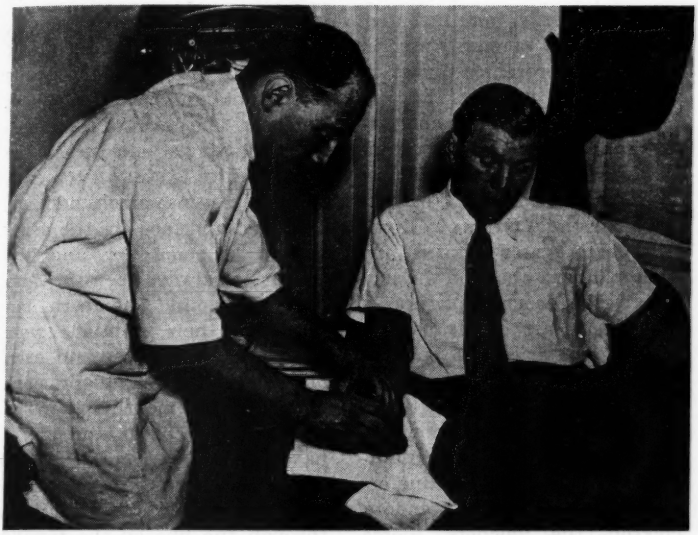
Dentistry Gave Boxing
THE MOUTHGUARD

by WALTER H. JACOBS, D.D.S.

THE POSITION OF DENTISTRY in the field of health service is too well known to demand elaboration. The rapid advance of our splendid profession to a position of importance in the great medical scene during the past one hundred years has far overshadowed any of the other branches of health care. As the philosophy of medicine is today swinging toward the goal of prevention, dentistry also is working to encourage and practice this fine ideal. No longer are all our interests centered in treatment, correction, and replacement, because at this time the practice of preventing injury has become as important as the treatment of pathologic conditions. It is along this preventive road that dentistry has taken the lead again and has this time given to the world of sports an appliance that has prevented severe injury, untold suffering, permanent disfigurement, and pain.

In all the history of sports, the most primitive and, very likely, the most thrilling have been those necessitating bodily contact. Today, while baseball is recognized and accepted as our national sport, we must reflect upon the great interest shown in hockey, football, and boxing. It is to the latter sport particularly that dentistry has been kindest. Dentistry gave boxing the mouthguard!

Boxing, one of the oldest of all sports, is the most punishing of athletic contests in which man has ever engaged. Skill plays the greatest part in this sport as in every other, and while skill in delivering blows, avoiding counter attacks, feinting, and footwork all have their important place in the "Sweet Science," the fundamental idea still is to render the opponent "hors de combat," to be gentle—or just plain "knocked out" to be brutally frank. The "trademarks" of the professional bruiser were at one time standardized. No one could expect to be known as a fighter unless his battered countenance had the classical broken nose, mangled (cauliflower) ears, heavy eyebrows, scarred lips, and chipped, broken, and missing teeth. It is good to know that during the past twenty years this type of athlete has been rapidly disappearing. New training formulas, better conditioning, state supervision, and new protective devices have made it possible for the professional pugilist to go through his entire career without a mark to show.



Ben Heller from Atlas Photos.

Tommy Farr relaxes and patiently watches Doctor Jacobs make an impression of his right fist. The only material Doctor Jacobs uses in this operation is the common impression compound used in dental work. The job of making the finished cast is done in Doctor Jacobs' office.

One of the statues found in the evacuations of ancient Rome was that of a boxer, probably Theogenes of Thasos, the greatest fighter of Antiquity. Theogenes was crowned with the wreath of victory over 100 times. His head was unbowed in the tournaments of the Olympiads. And, were it not for his fine beard, his face easily fits into our foregoing description of the pugilist of the past. These ancient Roman boxers fought with the caestus, to a finish, which was death. The caestus was the original boxing glove. It was made of leather and iron, and in some of these, short spikes were fixed on the knuckles. Other types, in place of the spikes on the knuckles held bronze studs. We can well imagine the terrible punishment inflicted with such cruel weapons. Remember, too, that the rules did not allow footwork, backing up, or sidestepping. It was forward, give and take—and he was considered a coward who tried to avoid a blow. The horrible injuries caused about the face and mouth must have ended many such contests.

It was not until we come to the time of Jack Broughton (1704-1789), considered the Father of Boxing in England and one of the early bare-knuckle champions, that boxing gloves, as they

are known today, were invented. And then they were only used in training to prevent injuries to the sparring partners and to avoid trouble with the champion's hands before an important contest. Reading the boxing classics, Henning's FIGHTS FOR THE CHAMPIONSHIP, FISTIANA by Dowling, Pearce Egan's BOXIANA, and other standard works on the subject gives us accurate pictures of the "manly art" as it parades through the pages of sporting history. Space does not permit us to go into detail with these thrilling, blood spattering encounters of the hardy bare-knuckle fighters of the London Prize Ring era —men of the mould of Mendoza, Jackson, the Belchers, Pierce, Gully and later down to Coburn, Morrissey, the late Jake Kilrain and John L. Sullivan. But we will note in reading of them that in almost every battle there was, "so severe a blow as to dislodge some of his ivory"; or "the winner was unmarked but for the loss of a grinder or two"; or even, "the blood flowed so profusely from his mouth that the cry arose, 'Take him away' "!

Boxing Gloves Used

When, on September 7, 1892, John L. Sullivan fought Jim Corbett at New Orleans, boxing gloves were used for the first time in a heavyweight championship bout (they were 5 ounce gloves), and also the more civilized Marquis of Queensbury rules were adhered to. Since that time all professional, as well as amateur boxing has been with gloves. Even so, the injuries inflicted in and about the mouth have disfigured the combatants and caused life-long suffering. The crash of the heavily bandaged fist enclosed in the leather glove is still all too capable of causing much damage. The head and face are the usual targets to shoot for and the mouth has always been the boxers' weak point. The teeth, because of their position, were broken off and chipped and, even more serious, were the abrasions and cuts in the mouth and on the inside of the cheeks and lips. I have spoken to several old time boxers who have described to me how their teeth were driven right through the lips by the terrific impact of the blows. Added to the seriousness of these wounds was the amount of blood lost, blood swallowed causing acute nausea, and the great possibility of the wounds becoming infected by the dirty gloves, sweat, and rosin. Some of the men tried to insert pieces of cotton, tape, or court-plaster under their lips but this offered little protection and, if noticed by the referee, it was ordered out of the mouth. One of the favorite tricks employed to prevent injuries to the teeth was to bite on small pieces of match sticks. Johnny Dundee, former featherweight champion developed this practice to a fine art, and it was an imperative rule that his seconds keep a liberal supply of these sticks on hand every time he started to fight.

A turning point in the human-

izing of the sport occurred in New York City on February 7, 1921, when Jack Britton, the welterweight champion defended his title against Ted Kid Lewis. To Lewis goes the credit for really introducing the rubber mouthguard as we know it today. Lewis slipped the guard into his mouth just before the men left their corners for the opening round. Britton immediately noticed the strange appliance over Lewis' upper teeth and demanded its removal. The men kept up a crossfire of words throughout the first and second rounds, when the incident happened that brought the mouthguard to the attention of the boxing world and the public. At the end of the second round instead of going to his own corner, Britton went over to Lewis and demanded again that he remove the guard. Lewis once more refused and one of Lewis' seconds pushed Britton away. This further aggravated the champion who tore into the second. Lewis jumped off his stool and started to swing at Britton, and before all this can be described, a rare old "battle-royal" was started. Britton's manager and seconds rushed across the ring to help their man and with them came the referee, the police and who ever was close enough to swing a fist. When order was restored some time later, the boxing commissioners ruled that Lewis remove the mouthguard and the bout was continued. Britton won the decision after 15 rounds, successfully defending his championship. Four days later, at a meeting of the boxing commissioners, a ruling was handed down that the mouthguards were illegal according to Rule 5 of the State boxing law, which deals with what the contestants may wear, that is, trunks, shoes, bandages, and so on, but of course the rule made no provision for the newly developed tooth protector. The mouthguards were, however, in to stay. They were accepted by the sport and used in training and soon in the actual contests. The managers would agree to allow their men to use the new protective device and it became a standard piece of fighting equipment.

In 1927, Jack Sharkey, later to become champion, was fighting Mike McTigue in a tournament to determine a contender for the heavyweight title. McTigue, a ring veteran, never wore a mouthguard and went into the contest as usual with no protection for his teeth. The plucky Irishman was ahead for the first 10 rounds of what was to be a 12 round bout when, in the eleventh round, Sharkey brought up a stiff right hand to McTigue's mouth. The blow pulled McTigue's lip across a jagged tooth and cut the lip so badly that the fight had to be stopped and awarded to the dazed Sharkey. The unexpected result of this contest led to an almost compulsory use of tooth protectors. The boxing commissioners rescinded their previous ruling and mouthguards came into general use in the sport.

The sporting goods houses began to turn out all sorts of soft materials, cork, sponges, rubber, and so on, under the guise of mouthguards without any attempt being made to fit them to the wearer's mouth. Naturally these "ready made" mouthguards were quite dangerous as they often slipped off the teeth or were driven back into the mouth. The following Associated Press report describes a death due to just such an accident.

"Kingston, Ontario, February 3, 1933—A sponge used as a mouthguard by Tony Dragon, local amateur boxer, today was established as the cause of his death last night during a boxing match. Dragon collapsed and died under a wild flurry of blows from his opponent. A piece of sponge was found wedged in his larynx."

At other times, the boxers, in order to keep these ill-fitting and dangerous appliances in the mouth, had to use continually one of their gloved hands to keep it from being dislodged. In this way the boxers had to leave themselves wide open to the damaging blows of their opponents, and the contests became very unsatisfactory.

It was not long before dentists realized that they must do something to improve this appliance. Several articles began to appear in the journals.[1] Various methods and materials were discussed with the view to making these mouth protecting appliances safer, stronger, and less bulky. By far the most complete and explicit of these articles is one by Doctor Clarence Mayer, TOOTH PROTECTORS FOR BOXERS.[2] Doctor Mayer is a member of the New York State Boxing Commission; his experience derived from his close association with the sport, combined with his skill as a prosthodontist, has enabled him to become quite an expert on the subject. Now, almost all the boxers wear the new mouthguards made by dentists from accurate impressions of the teeth and few of the bouts are interfered with because of the condition of the contestant's mouth or lips.

It might be interesting to relate that Jack Dempsey and Gene Tunney were the last of the heavyweight champions to fight without the protection of a mouthguard. The champions who have followed them, Schmeling, Sharkey, Carnera, Baer, Braddock, and Louis all use the mouthguard in training and in their actual bouts. It should also be remembered that the mouthguards do not stop the effects of the knockout blows or in any way act as a deterring factor in determining to whom the victory shall go. It has, however, so civilized a rough sport that the participants need no longer fear in-

---

[1]Jacobs, W. H.: Boxer's Appliance, DENTAL DIGEST 36:201 (March) 1930. C.E.F.: Athletic and Dental Injuries, ORAL HYGIENE, in ASK ORAL HYGIENE 25:849 (June) 1935. Kerpel, E.: Measures To Protect Jaws and Teeth From Injuries And Fractures In Sport, J. D. RES. 16:338 (August) 1937.

[2]Mayer, Clarence: Tooth Protectors For Boxers, ORAL HYGIENE 20:289 (February) 1930.

fection and injury in or about the mouth, or loss of teeth.

The mouthguard has been adopted by other sports where injuries about the mouth are to be expected. In football, hockey, water-polo, and wrestling, the mouthguard has been employed at times but, of course, not as commonly as in boxing. So, once more dentistry, most versatile of the professions, helps to make life a little pleasanter and safer!

Editor's Note; Another dentist who has interested himself in the dental problems of fighters, promoters, managers, and others of the sport world is E. A. Frankel, 5023 Broadway, Chicago. Over a period of twenty years he has himself become a prominent figure in this field. Since receiving his dental degree from the Chicago College of Dental Surgery in 1915, he has served seven years as a boxing judge with the Illinois State Athletic Commission, as many years with the Chicago Tribune Golden Glove bouts, and four years as a judge in the competitions of the Catholic Youth Organization. Doctor Frankel has also been the judge in bouts in which world's champions Freddie Miller, Sixto Escobar, and Joe Louis participated, and in almost every international competition held in Chicago in recent years.

124 *West Ninety-Third Street*
New York, New York

DENTAL MEETING DATES

Northern Illinois Dental Society, fifty-second annual meeting, Freeport, Illinois, September 28-29.

Montreal Dental Club, fourteenth annual clinic, Mount Royal Hotel, Montreal, Canada, October 12-14.

American Academy of Periodontology, silver anniversary meeting, Coronado Hotel, St. Louis, October 20-22.

American Academy of Restorative Dentistry, St. Louis, October 22-23.

American Society for the Promotion of Dentistry for Children, Jefferson Hotel, Saint Louis, October 24.

Pan American Odontological Association, second annual meeting, Hotel Statler, St. Louis, October 24.

American Dental Association, eightieth annual meeting, Saint Louis, Missouri, October 24-28.

American Dental Assistants Association, fourteenth annual meeting, DeSoto Hotel, St. Louis, October 24-28.

Association of American Women Dentists, seventeenth annual meeting, St. Louis, October 24-28.

Greater New York Dental Meeting, fourteenth annual meeting, Hotel Pennsylvania, New York City, December 5-9.

A DIPLOMA *In Her Hand and Twenty-One* CAVITIES *In Her* TEETH

"YES DOCTOR, IT'S a fact; 'Mary Dunn' graduated from high school with a diploma under her arm and twenty-one cavities in her teeth," was the emphatic remark of John S. Morrell, the superintendent of city schools, Beloit, Kansas, a city of 3500. He was discussing the need for health education in schools with Doctor Leon R. Kramer, Director, Division of Dental Hygiene, Kansas State Board of Health.[1] "It takes a shock like this," he continued, "to awaken one to the fact that the schools have other important tasks to perform than simply to teach the subject matter enclosed between the two covers of a textbook. Not until I learned of "Mary's" case did I think of the importance of health teaching to the extent that I felt I should do something about it."

One year later, in Beloit, a banquet was given in celebration of a new dental health program carried out successfully, and all the groups associated with the project were invited to attend. At the conclusion of the banquet, the case of "Mary Dunn" came up for discussion. Superintendent Morrell told about her diploma and her neglected dental education. To him "Mary Dunn" represented a grave deficiency in the educational system of his schools. Her case showed him what was in store for hundreds of other children now in school—the prospect of being handicapped perhaps for life because their dental education had been neglected. Mr. Morrell told the guests that when he heard about "Mary Dunn" he realized that something must be done at once. His first step was to cooperate, during the next school session, in securing dental examinations for the 850 children in his school.

"Only 15 per cent," he said "had mouths that would pass inspection. More than 2500 cavities and other diseased conditions were found. The inspection gave us the needed data on which to base our corrective program. By submitting our analysis to relief offices we found that 34 per cent of the students could not afford to pay for dental care. One-third were paid for by the county, one-third, by the Red Cross, and one-third received free dental service

[1]Kramer, L. R.: A One Man Dental Health Program, ORAL HYGIENE 25:1508 (November) 1935. The Dental Chronicles of the Indigent, ORAL HYGIENE 27:1319 (October) 1937.

at the Community Hospital. Actual costs were approximately $250.00 for the county, $175.00 for the Red Cross, and 85 students were taken to the Community Hospital.

"Because of the cooperation of the teachers, various agencies, and dentists, the dental program was successfully completed for the year with all corrections having been taken care of."

After explaining the dental health program the superintendent then called upon others at the banquet for comments. To a public school teacher who spoke briefly, the case of "Mary Dunn" meant countless instances of children she has observed day after day in her classes; children whose minds are being trained but whose health and appearance are so affected by dental disease that they haven't a normal chance for happiness or success.

To the county commissioner who spoke next, preventing the development of dental caries in "Mary Dunn's" teeth meant a sound investment in community health. "My business experience," he said, "has taught me that money spent for prevention of

destruction, or the early repair of conditions that lead to destruction of valuable assets is good business and money well spent."

A representative of the Red Cross considered the case of "Mary Dunn" from the point of view of unnecessary pain and suffering:

"Too often," he said, "we associate pain and suffering with catastrophies, such as wind storms and floods and fail to realize the amount of pain and suffering resulting from ignorance, neglect, and poverty . . . I am told that toothache is the source of more pain to children than all other sources combined."

A man from the local welfare office thought that "Mary Dunn's" twenty-one cavities were mainly important, because they had stirred the school and other groups to develop a practical dental health program that would serve as a guide for other communities in their efforts to preserve the health of the community.

For the dentists, "Mary Dunn's" case spotlighted the need for and importance of preventive dentistry, which is the constant objective of the dental profession.

Doctor C. S. Spain, co-chairman of the dental program in Mitchell County, represented the dentists. "The ideals of the dental profession," he said, "are more completely embodied in the preventive phases of dentistry than in any other of its activities. There are more young people disqualified for jobs in certain fields of activity on account of dental defects than from any other cause. We were glad to make concessions in Beloit so that the underprivileged child may not suffer this experience when applying for a job a few years hence. We hope to expand this program so that eventually every school child in the county will be included in the dental program."

At the conclusion of the evening, Doctor Kramer was introduced as the man who has been responsible for "the various oral health programs over the state of Kansas." He congratulated the Beloit group on their excellent dental health program, saying it was the first time to his knowledge that dental corrections had been made for the children of an entire school system. He was also glad to note that the service was given to children in dental offices rather than in clinics.

Washington (D. C.) Herald: Belonging to that small, unique group that went back to Washington after the World War for non-political reasons, J. L. B. Murray, D.D.S., has since become associate dean of Georgetown Dental School, of which he is a graduate, and the President of the Cosmopolitan Club. Just out of dental school in 1917 he joined the Navy, served two years on the S. S. Pennsylvania, and now has a lieutenant colonel's commission in the Naval Reserve Corps. Patients in his dental office are diverted by his collection of pictures of battle ships, dogs in brass, china, and glass that have arrived from all parts of the world.

Chicago (Illinois) Tribune: Edgar W. Swanson, D.D.S., 9520 South Damen Avenue, has been named secretary of the faculty of Northwestern University Dental School. A member of the University faculty since 1921, Doctor Swanson was at first superintendent of the children's clinic of the school and has since been a professor of operative dentistry.

Dallas (Texas) News: Dentists will be permitted to do surgery at the Parkland Hospital only under the direction of the chief of the surgical staff, who is authorized to assign cases to the best qualified physicians or dentists available. This was the decision reached by the City-County Hospital Board of Managers in an effort to end a two-month controversy precipitated by the resignation of the hospital's graduate dental staff in protest over its members not being permitted to do cleft palate and harelip surgery.

New Orleans (Louisiana) Tribune: From many cities in the United States and from Canada, dentists came recently to a banquet in the Roosevelt Hotel, New Orleans, to honor Sidney C. Fournet and Charles Shepard Tuller, dental lecturers, for their solution of the problem of mak-

ing lower dentures stay in place without artificial aids.

Sea Island City (New Jersey) Times: Harry I. Botwin, dentist of New Castle, Pennsylvania, is also a successful business man. He heads the Family Fun Films, producers and distributors of 16 millimeter sound-on-film moving pictures.

Chicago (Illinois) Tribune: To insure dental treatments for disaster refugees, a new plan, based on cooperation between the American Dental Association and the Red Cross, has just been announced by Harry B. Pinney, secretary of the Association. Dentists are to be selected in every town where there is a Red Cross chapter, made members of the local Red Cross preparedness committee, and asked to be ready to give emergency dental treatments in the event of any disaster. The plan of operation has been drawn up by C. Willard Camalier, president of the American Dental Association, and James L. Feiser, vice chairman of the national Red Cross, both of Washington, D. C.

Lynn (Massachusetts) Telegram-News: For a grandfather's clock that he had made entirely by hand, Everett W. Lamkin, D.D.S., of Lynn, was awarded the first prize in the hobby show at the convention of the Northeastern Dental Society at Swampscott.

Roanoke (Virginia) Times: From the days when war was individualistic and comparatively mild, J. M. Hill, D.D.S., of Wise, has made a collection of warlike equipment that includes tomahawks and other Indian relics as well as guns from the Civil and Spanish American War and other smaller encounters.

New York (New York) Herald Tribune: When the New Bedford fishing dragger, Venture II, docked at the fish pier in Boston recently, Captain Fred Surrette reported an authentic dental incident. Sunday, while dragging for groundfish fifty miles off Cape Cod, William Mayo, fifty-year old seaman, sneezed and lost his set of dentures. Tuesday, one of the crew found the teeth in a ten-pound cod.

Huntington (West Virginia) Advertiser: Ira J. Kail, D.D.S., who is now serving his sixth year as a member of the county board of education, sought renomination on the democratic ticket in the primary election. A past president of the West Virginia Dental Association, Doctor Kail was the first dental surgeon ever appointed to the staff of an Ohio state hospital. Since 1911 he has practiced dentistry in Huntington.

Detroit (Michigan) Free Press: At 8 Boris Zola, Saginaw dentist, began doing magic tricks, at 18 he started a seven year career as a professional magician, at 25 he used his knowledge of magic to pay his way through the dental school at Toronto University. Today, besides being a successful dentist, he is one of the most widely known inventors of magical illusions in the country.

San Angelo (Texas) Standard: W. N. Jones, D.D.S., 617 Koberlin

Street, at 86, only took time enough off from his dental practice to celebrate his birthday with a special dinner. A native of Alabama, he has practiced dentistry in Texas for fifty-nine years.

Washington (*D. C.*) *Star*: Doctor David Cooper is commander of the mobile dental unit which visited Washington recently. It is semi-trailer in type, built for the United States Public Health Service to use in giving dental service to officers and enlisted men of the Coast Guard. Although the unit was established to bring dental relief to isolated Coast Guard personnel, no one who needs relief is turned away.

New York (*New York*): Victor H. Sears, D.D.S., 200 West Fifty-Ninth Street, New York, recently elected president of the Lions Club of New York, attended the international meeting of this organization in Oakland, California, last month. Doctor Sears, past-president of the National Society of Denture Prosthetists, and a well-known lecturer and writer on clinical subjects, has made important mechanical contributions to dental art. At present his books on dental subjects are being published in English and Spanish.

Newberg (*Oregon*) *Scribe*: Ralph W. Van Valin, a Newberg dentist since 1916, traces his ancestry back to Johannes Verveleen, a Hollander, who reached New York in 1656, and built and operated the first ferry across the Hudson River. Himself a pioneer, Doctor Van Valin left Pennsylvania for Washington in 1906 to develop his interest in horticulture. In 1924 he introduced the culture of figs to Newberg and now has some healthy fig trees in his garden. Doctor Van Valin is a member of the distinguished Holland Society of New York, which has an exclusive membership of 1000, including Franklin D. Roosevelt and other prominent Americans, who are direct descendants of the men who settled in New York before 1675.

Lubbock (*Texas*) *Avalanche*: Michael J. Plese, dentist of Amityville, New York, has now made it possible for golfers to tell just how hard they can hit a ball. Doctor Plese has invented an "impact indicator," which, incorporated in a golf club, measures the force behind the stroke. A little disc on the side of the club head is the head of a piston which absorbs the impact of the ball against the club and causes the pointer to move across a scale that records the force readings.

Los Angeles (*California*) *Times*: At the thirty-sixth annual convention of the American Association of Orthodontists in Los Angeles, Harry A. Allshouse, Jr., D.D.S., was elected president of the organization to succeed James D. McCoy of Los Angeles.

Boston (*Massachusetts*) *Post*: Albert H. Zonn, D.D.S., 750 Morton Street, Mattapan, showed himself an expert at miniature work by displaying in the hobby show at the Northeastern Massachusetts Dental Society Meeting in Swampscott, a miniature dental office complete in every detail. Doctor Zonn had fashioned it out of bits of silver left over from

(*Continued on page* 1168)

Editorial Comment

GIVE ME THE LIBERTY TO KNOW, TO UTTER, AND TO ARGUE FREELY ACCORDING TO MY CONSCIENCE ABOVE ALL LIBERTIES. *John Milton*

THE PEOPLE ASK FOR MEDICINE

MIDSUMMER CALM OF August was rudely disturbed by the announcement from Washington indicating that the Department of Justice contemplates the prosecution of the American Medical Association under the federal anti-trust laws. The specific charge is that the Medical Society of the District of Columbia expelled from membership physicians who accepted employment with the Group Health Association, Inc., of the District of Columbia and that other members of the Medical Society were threatened with expulsion if they took part in medical consultations for persons associated with the Group Health Association. In the opinion of the Department of Justice, this action is in violation of the anti-trust laws "because it is an attempt on the part of one group of physicians to prevent qualified doctors from carrying on their calling and to prevent members of group health associations from selecting physicians of their choice."

A fortnight before the announcement by the Department of Justice of these charges, the National Health Conference was held in Washington, which is reported in detail in this issue. This Conference may be interpreted as a forerunner of the action of the Department of Justice. At the Conference the persons representing the American Medical Association were definitely antagonistic to any effort on the part of the government to expand the national health program. Occasionally the smoldering antagonism between the representatives of organized medicine and the representatives of labor and farm groups flamed to the surface. The characterization of the American Medical Association as a "medical trust" in itself expresses the intensity of feeling among certain groups on this subject. In the minds of the American public trusts connote small groups of powerful persons, the malefactors of great wealth, the enemies of the public welfare, the princes of privilege, and such other emotionalized characterizations. The average person considers a trust as something definitely antisocial. It is unfortunate that the medical profession, which is so in-

timately associated with human life and human welfare, should be painted in the eyes of the public in such diabolic terms.

What lesson should the dental profession take from this controversy? At present we stand clear of entanglement. We should continue to keep this detachment. If we become too closely entwined with the policies of the American Medical Association, we, too, will feel the pressure of public disfavor. To be sure the dental problem is part of the general health problem, but so long as we exist in separate professional organizations, we must maintain our identity and be free to act independently. We want, of course, to preserve our cordial and cooperative attitude toward medicine. It might be well to recall here that, in the days of its greatest glory, the American Medical Association was never disposed to absorb us. We have been treated with tolerant consideration, as a "correlated profession," rather the *stepchild* of medicine. We have never been on an equal footing with the medical profession. But this is almost entirely our own fault. We have been content to ride on the coat tails of medicine for years. When they passed a set of resolutions and proposals, we usually followed suit. When they organized a Council or a Bureau, we did the same. We have been their imitators.

The worst thing that we could do at the session of the American Dental Association in Saint Louis would be to take an immutable stand similar to that of the American Medical Association on the matter of health care. That would project us in the public eye in the same category as the American Medical Association—members of the "medical trust."

Professional organizations have always, and quite properly so, emphasized the importance of the maintenance of quality and standards for health care. That is the rod upon which we have leaned most heavily. But who asked for anything but quality care? Was there any group that ever asked for an inferior type of medical service? At the National Health Conference the point was often emphasized that the person who receives the care is more interested by far in the quality than anyone else. It is his life and his comfort that is involved. It would appear that on this common ground all groups, those that give and those that receive medical care, can meet and reach an understanding.

Edward J. Ryan

DEAR ORAL HYGIENE:

"I do not agree with anything you say, but I will fight to the death for your right to say it."—VOLTAIRE

Undersea Photographer

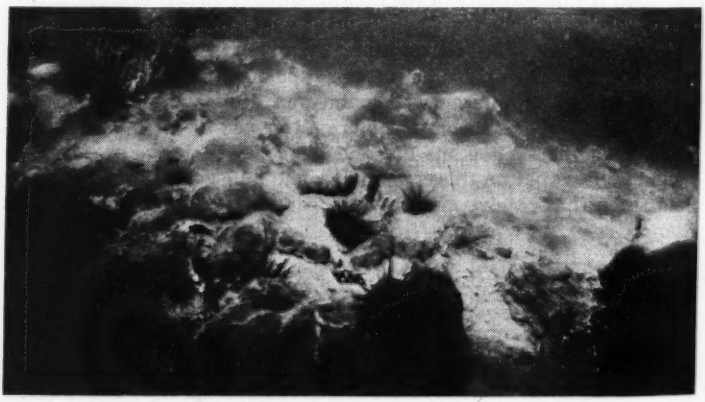
I THANK YOU very much for the item in DENTISTS IN THE NEWS[1] about my undersea photography.

We have already had a good laugh about that matter. The whole thing started when our Tourist's Bureau sent one of my under-water photographs to the states for the sake of publicity for Porto Rico. The picture was published in about two hundred American papers, and there were several which proved to have wonderful imaginations. Most of them, however, had the correct information so we decided to let the matter pass.

Although you may have guessed it, my $3000 camera is nothing but a $3.00 Brownie which I encase in a basket ball bladder in order to make it waterproof. Tripping the shutter and winding the film is accomplished through the flexible rubber.

I have worked at this hobby for three years and have spent considerable money in equipment. I have had very pleasing results with submarine color movies, 16 millimeter, and also with 35 millimeter black and white.—PEDRO G. DEL VALLE, D.D.S., *San Juan, Porto Rico.*

[1]Dentists in the News, ORAL HYGIENE 28:904 (July) 1938.



Corals and sea urchins photographed by Doctor del Valle.

From a Laboratory Man

May I submit the following thoughts in response to the article by Doctor R. L. Guedel in the July issue of Oral Hygiene?

We hope the dental dealer got cash:

Dental technicians, as well as dentists, who may have read the article by Robert L. Guedel, D.D.S.,[2] will be pleased to learn that old time dentistry, plus $200 worth of laboratory equipment, assures success for the dentist. For a successful dentist will be too busy at times to do all of his prosthetic work, which will mean some work for the dental laboratory; and the sender being successful, he will be able to pay the bill. But why stop there. Why not go back to the old, *old* style of dentistry, and put in $400 worth of equipment, and double the earnings?

The economic reasoning of Doctor Guedel would spell bankruptcy for any business; for a professional man, or a dentist like Doctor Guedel, with the lax credit situation, it permits a slight extension of the agony. The total annual industrial dental laboratory expense of the average dentist is less than $600. Approximately one-half this amount represents the bare cost of the materials, processing expenses, and depreciation incident to the work. If the dentist makes no charge for his time, overhead, and errors, he can save approximately $300 per year, or $25 per month.

As a technician I may not object to the new business which results from the faults of old-time dentistry; but, as a dental patient, I want none of it. As a laboratory manager who has witnessed the economic advancement of the dental profession in keeping with its technical and professional progress, I hope for greater progress and not a future of dry rot and decay.

Well managed laboratories, having a proper ideal of service and understanding of their proper relationship to the dental profession and the public it serves, pay no attention to the unworthy dental laboratories. Unworthy laboratories, usually obtain their business from a somewhat similar type of dentist; this business is usually unprofitable. Similarly, well managed dental offices, in which the dentists have a sympathetic understanding of their responsibilities to the public, need not worry about the activities of advertisers, mail-order dentists, and the like; these dentists know the patients who patronize such establishments are undesirable.

Aside from periodic business depressions which affect all, it is reasonable to expect a continued betterment in dental service and income. It is also reasonable to assume that the economic factors which control the exchange of goods and services will continue to function in the future. It seems clear then that the future holds rewards for those who will continue, in a sensible way, to render the best service, at profitable but reasonable fees, which the desired patients can afford.

Many able and professionally sound dentists are faced with serious financial problems at this time; but this applies equally to all professional and business men. What is needed is more courage and determination, not alibis, soothing syrup, or sleeping potions.—I. J. DRESCH, 335 *Superior Street, Toledo, Ohio.*

[2]Guedel, R. L.: I Am Not Happy About the Whole Thing, ORAL HYGIENE 28:887 (July) 1938.

Ask ORAL HYGIENE

Please communicate directly with the Department Editors, V. CLYDE SMEDLEY, D.D.S., and GEORGE R. WARNER, M.D., D.D.S., 1206 Republic Building, Denver, Colorado, enclosing postage for a personal reply. Material of general interest will be published each month.

Aptyalism

Q.—I have a patient with a strawberry tongue and no saliva at all. She is miserable over it and has been to two well-known eye, ear, nose and throat specialists, but no one seems to do her any good. She has two gold bridges (vital teeth) and some amalgam restorations. Can you suggest anything to help her?—A. G. G., Iowa.

A.—While the strawberry tongue is usually painless and amenable to treatment with radium, actual cautery or electro-coagulation, the aptyalism is a miserably unpleasant condition and difficult to treat. This is an unusual condition except following roentgenographic or radium treatment in the region of the salivary glands.

The loss or lack of saliva may be due to certain systemic conditions, such as, according to Prinz & Greenbaum[1] "The fevers, diabetes, uremia, typhoid fever, Niknlicz's disease, epidemic parotitis, severe hemorrhage, profuse diarrhea, locomoter ataxia, syringomyelia, and so on." It can also be due to psychogenic factors.

The authors mentioned advise vigorous chewing of food or gum and the use of the following prescription to obtain relief:

Rx Pilocarpin hydrochlorid.. ..... 0.3

Aqua distillat ..... 15.0 cc.

Sig. Five drops in a little water three times a day after meals. Increase the dose every third day by one drop until 8 to 10 drops per dose are taken.—GEORGE R. WARNER.

[1]Prinz, Herman, Greenbaum, S. S.: Diseases of the Mouth and Their Treatment, Philadelphia, Lea & Febiger, 1935.

Burning Sensation

Q.—A patient presented himself with a curious mouth condition.

First let me say that this patient is about 28 and in excellent health. His teeth are in good condition; his gums are firm and of good color; and his general mouth condition is excellent. However, he complains of a burning and stinging sensation of his gums and of the roof of his mouth, especially after tasting of sweet, sour, hot or cold drinks and foods. Spiced and seasoned foods seem to aggravate this sensation, and at no time is he entirely free from a constant burning and irritation.

Careful examination disclosed slightly reddened spots on the lingual gingiva between the lower lateral and central, and on the hard palate slightly anterior to the vault portion. These areas are small in size, no larger than one eighth of an inch in diameter. Since this condition has persisted over a long period of time I have noticed that these

spots may vary somewhat in position, disappearing from one place and appearing at another. However, some areas may persist in the same place for longer periods than others.

This man has been to several so-called specialists and different diagnoses have been made, but thus far no treatment has given any satisfactory results.—M. T. S., Pennsylvania.

A.—Your letter contains a problem that, while clearly stated, seems difficult to analyze.

Burning, stinging sensations in the mouth are so frequently associated with malocclusion that one thinks of that possibility. However, the most frequent malrelationship of the jaws which is in causal relationship to the symptoms you describe is an infraocclusion or a decrease in normal vertical dimension. Your patient is so young that this latter condition would not be anticipated, but an irregularity of the teeth, an infraocclusion or some other type of malocclusion might be in causal relation.

One case comes to my mind of an itching and stinging in the roof of the mouth that proved to be caused by an atypical Vincent's infection. There were no sloughs, no appreciable swelling and no bleeding, yet a subgingival smear showed large numbers of organisms and appropriate treatment cleared up the symptoms.—GEORGE R. WARNER.

Alveolectomy

Q.—I have a lower jaw case on which I did an alveolectomy, trimming and stitching the gums together. The case healed nicely and now I find the median cord on the lingual comes virtually to the top of the lower ridge, which will make it difficult for the patient to wear a full lower denture.

Would it be practical to cut that cord away? If so how should I proceed and how would I hold that cord away to keep it from growing back up where it was? I shall appreciate any help you can give me on this.—J. E. F., Nebraska.

A.—In my opinion, alveolectomy and stitching are contraindicated in virtually all cases with the exception of abnormally prominent or protruding gums and even in these cases I prefer to eliminate the stitching and hold the gums in place with an immediate denture.

In the case you describe where the damage has already been done I believe the best way to lower this cord attachment is not to sever the cord as you suggest, but to lance along the crest or just lingual to the crest of the ridge. Make an incision about one-half inch long right down to the bone and with a lance or blunt retractor free the bone from all tissue attachment for one-half inch or so down lingually from the point of incision. Now insert a denture that has been made with the cord cut back on the cast to where it should be. Instruct the patient to not remove denture at all until the next day and only for cleansing day and night until the incision and the gap between its edges produced by the denture holding the cord down where you want it to be, has filled in with first a blood clot and then granulation.

We find this procedure produces much less soreness and more satisfactory final results than where the cord is cut, whatever method is used in an effort to prevent it from attachment to the ridge.—V. C. SMEDLEY.

Discomfort With Dentures

Q.—Would you be kind enough to tell me the different causes for dry and burning sensations in the mouth while wearing vulcanite dentures?

I have a patient who, up until the time of complete removal of her teeth, had no symptoms of this nature. After her dentures were inserted, this discomfort I have mentioned appeared.—L. A. C., New York.

A.—Dry and burning sensations in the mouth while wearing vulcanite dentures are probably more often due to a malposition of the temporomandibular joint than to the dentures per se.

Vulcanite is a non-conductor and therefore inhibits normal exchange of temperatures of the mucous surfaces. However, it is a rare instance in which a patient is particularly aware of discomfort from this cause.

The more common cause of this dry and burning sensation, as I have indicated, is a malposition of the temporomandibular joint due to a loss of vertical dimension. In other words this condition is likely to be due to a too short denture, as pointed out by Costen.[2]

One may test this out by bushing the denture with modeling compound so it will be lengthened, and having the patient wear it a few days. A final determination may require several trial bushings.—GEORGE R. WARNER.

Removing Inlay

Q.—The usual run of questions which you seem to be asked relate to better retention for inlays, three-quarter crowns, and other bridge abutments.

My problem, however, deals with the removal of a well placed MOD inlay used as a bridge abutment in an upper right second molar. It is the posterior attachment for a fixed movable bridge for the replacement of the first molar and, inasmuch as the pontic broke loose from it, at the soldered joint, I desire to remove this inlay in order to solder the two.

I spent an hour this morning trying various methods of removal but to no avail. The inlay would not budge. Can you suggest some method of removal which would leave this inlay still usable?—F. J. C., Illinois.

A.—In answer to your question as to how to remove a bridge abutment inlay: I believe that we save time and effort and render a better ultimate service to our patient if we just don't try to preserve for future use such an inlay, but instead cut the thing through the middle in the beginning, take it out in pieces, and proceed at once to make a new model. You probably could have done this and made a new wax pattern in the time you wasted trying to remove the old inlay without damaging it. And if you had finally succeeded in getting it out in one piece, it would probably have been sprung, had a bruised margin, or been in some way damaged and inferior to the new one that you could probably make with less effort.—V. C. SMEDLEY.

Infected Pulps

Q.—Through the courtesy of ORAL HYGIENE I am writing you for your diagnosis of the enclosed roentgenograms.

The patient, 19, received a blow on his lower incisors about 3 years ago. For the past 3 months he has had continuous soreness in the region of the chin. Lateral incisors respond to

[2]Glossodynia: Reflex Irritation From The Mandibular Joint As The Principal Etiologic Factor. Archives of Otolaryngology, November, 1935, p. 554-564. Reprinted by the A. M. A.

the heat test, but centrals do not. The sinus is discharging pus present in the central region.

With your diagnosis will you please suggest the treatment necessary?—C. A. L., South Dakota.

A.—It seems evident that at some time between three years ago, when your patient suffered an injury of his mandibular incisors, and three months ago, when his chin became sore, the central incisor pulps became infected and the infection spread into the surrounding alveolar bone. The reading of the roentgenograms indicates that there is now quite a large area of bone involved and immediate free drainage is indicated.

Free drainage may be established by the extraction of the central incisors or by the lancet. In either event, drainage should be maintained by a gauze wick.

If you wish to keep the central incisors they should be immediately opened, canal contents thoroughly removed, canals sterilized and filled. All of this should be done with rubber dam in place and sterile technique. Complete sterilization of canals will probably require several treatments. —GEORGE R. WARNER.

Vulcanite Dentures

Q.—Would you please advise me if a diabetic person can wear vulcanite dentures? Will the sulphur cause burning sensations of the gums? If so what would you suggest as more appropriate?—M. E. M., New York.

A.—So far as I know there is no contra-indication for the use of vulcanite dentures by a diabetic patient. Rubber causes unpleasant reactions in the mouths of many patients, but not any more frequently, so far as I know, in the mouths of diabetic patients than in the normal mouth. —GEORGE R. WARNER.

Inflamed Gums

Q.—I have a patient, a woman about 45; I should appreciate advice on her case.

She has worn partial upper and partial lower dentures for about four years and, even before she started wearing the dentures, she was troubled with inflamed gums and tissues posteriorly upper and lower; these being the regions from which the teeth were removed. The mucous membrane of the cheeks is affected in the same manner where it touches the dentures.

Her physician diagnosed the case as Vincent's infection but treatments for that disease have failed. Then she was treated intravenously to no avail. Please give me some advice.—L. L. S., Texas.

A.—In the case you describe I would make sure that these partial dentures are highly polished and kept scrupulously clean. I would suggest also that the patient might coat the dentures with vaseline each time she inserts them after cleaning.

If these measures do not serve to reduce the inflammation, it might be well to change from vulcanite to one of the newer denture base materials. However, if this tissue was just as much inflamed before the dentures were made and if it continues so now, if the dentures are left out for several weeks, there is probably nothing that you can do about it. —V. C. SMEDLEY.

Apthous Ulcers

Treatment for Apthous Ulcers: Wrap a portion of cotton tightly

around the applicator; dip it into full-strength aromatic sulphuric acid; wipe off excess on mouth of bottle; swab entire floor of ulcer including margins. I find this a specific. One application is usually all the treatment that is necessary. The patient will complain momentarily of pain; but within five or ten minutes all soreness in region will begin to subside. I have used this treatment routinely for forty years.

Caution: Don't allow this solution to touch other tissues, patients clothes, or towels.

Correcting trismus: Diathermia is one happy solution of these problems. A twenty minutes treatment applied early corrects the condition.—C. L. STOCKS, D.D.S., Gainesville, Texas.

DENTISTS IN THE NEWS

(*Continued from page* 1159)

amalgam mixtures and none of the equipment was more than two inches in height.

Brunswick (*Georgia*) *News*: Doctor T. F. Abercrombie, director of the Georgia State Department of Health, Atlanta, reports that the public school children of the state made an excellent record in the dental campaign[1] conducted during the past term. He announces that 215,560 school children received free dental inspection in 1,018 schools, virtually all of which showed a 100 per cent record.

[1]Williams, J. G.: How the Georgia Program Functions, ORAL HYGIENE 27:611 (May) 1937.

Saint Louis (*Missouri*) *Star*: Leo J. Hayes, Wellston dentist, recently became a candidate for the nomination for judge of the Saint Louis County Court and also the target for two mysterious shots fired as he was crossing the street at Easton Avenue. Doctor Hayes reported to the sheriff's office at Clayton, the shots and the escape of his unknown assailant.

STATE BOARD EXAMINATIONS

New Jersey State Board of Registration and Examination in Dentistry, annual examinations, Monday, December 5, and continuing for five days thereafter. Examination fee $25.00. Application blank can be secured direct from Doctor W. A. Wilson, Secretary, 148 West State Street, Trenton, New Jersey.

California State Board of Dental Examiners, annual examination, December 5 at the Physicians & Surgeons College of Dentistry, San Francisco, California. Credentials must be filed 20 days prior to date of examination. For information write to Doctor Kenneth I. Nesbitt, Secretary, 515 Van Ness Avenue, San Francisco, California.

JELENKO

"SLIM-STRIP"

GOLD SOLDER

in

Long, Slim 1 Dwt. Strips

All Finenesses

for

fine precision soldering - - - flows more quickly and more smoothly with less heat - - - avoids overheating the case.

18. 650 FINE JELENKO 18. 650 FINE

18. 650 FINE

Illustration shows actual size of a 1 dwt. Jelenko "SLIM-STRIP"

Sold by BETTER DEALERS EVERYWHERE

Jelenko Helpful Hint No. 17

A Solder Teaser

In some soldering operations it is necessary to use some type of instrument to tease solder to flow in the desired position. Such solder teaser can be made out of the heavy wire lead found in every Mazda light bulb of over 100 Watt size. This wire can be put in a broach holder and it will last indefinitely as it will not burn up nor will solder stick to it.

J. F. JELENKO & CO., INC.

Manufacturers and Refiners of Dental Golds

136 West 52nd Street • New York, U. S. A.

Laff-ODONTIA

Country patient: "Doc, these teeth ain't got no holes in them."

Dentist: "No, but you have a bad case of pyorrhea and the teeth must be extracted."

Patient (upon returning home): "Hey, neighbor, (exhibiting his edentulous gums) look, I had to have my teeth pulled because they had gonorrhea all over them."

—Sent in by C. L. Smith, D.D.S. Pensacola, Florida.

o

Prison Warden: "I've had charge of this prison for ten years. We're going to celebrate. What kind of a party do you boys suggest?"

Prisoners: "Open house!"

o

Says the father to prospective son-in-law: "The boy who gets my daughter will certainly get a prize." And says the prospective: "May I see it, please?"

o

Dewitt: "Frequent water-drinking prevents you from becoming stiff in the joints."

Dick: "Yes, but some of the joints don't serve water."

Rake: "Boy, oh boy, did Tillie throw a party last night!"

Jake: "You don't say. Who all was there?"

Rake: "Just me and Tillie."

o

Jones was sitting with his wife behind a palm on a hotel veranda late one night when a young man and a girl came and sat down on a bench near them. The young man began to tell the girl how pretty and good and lovable he thought she was.

Hidden behind the palm, Mrs. Jones whispered to her husband: "Oh, John, he doesn't know we're here and he's going to propose. Whistle to warn him."

"What for?" said Jones. "Nobody whistled to warn me."

o

Auntie: "Auntie won't kiss you with that dirty face!"

Junior: "That's what I figured."

o

Father: "Daughter, I hope you will go to church this evening. The pastor's subject, 'An Hour With Favorite Hymns,' should be very interesting."

Daughter: "I should like very much to go, father, but I have an engagement with my own favorite him tonight."

o

One Guy: "Did you mark that place where the fishing was so good?"

Guy Two: "Yes, I put an X on the side of the boat."

First Guy: "That's silly. What if we should get another boat?"